APR 3 0 2007



Ideas that Change the World

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FAX TRANSMISSION COVER SHEET

Date: April 30, 2007

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Re: 10/789,588

S-100,636

Andrew M. Dattelbaum

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Comments:

Included in this facsimile transmittal are the following documents for filing in the aboveidentified patent application:

Fee Transmittal (1 page)
Amendment/Response (8 pages)

Fee Payments Authorized: \$510.00

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APR 3 0 2007

Rev. 02/02/06

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FEE TRANSMITTAL		Application N		te if Known 10/789,588	
For FY 2006				2/27/2004	
Patent fees are subject to annual revision				Andrew M. Dattelbaum	
		Examiner Nar		Arlen Soderquis	st
		Group/Art Uni		1743	
TOTAL AMOUNT OF PAYMENT: 510.00 Attorney Docket No.:			S-100,636		
METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)				
1. The commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number: 12-2150 Deposit Account Name: Los Alamos National Laboratory Charge Any Additional Fee Required Under 37 C.F.R. 1.16 and 1.17 FEE CALCULATION	Large Entity Fee Fe Code (S	30 2051 \$65	S <u>Fee Descripti</u> Surcharge – late filin Surcharge – late pro	g fee or oath	Fee Pald or cover sheet
FEE CALCULATION	1812 \$2	5201812 \$2520	For filing a request for	or reexamination	
1. COMBINED FILING FEE Large Entity Small Entity Fee Fee Fee Description Fee Paid 1001 \$300 2001 \$150 Basic Filing fee \$0.00 1004 \$300 2004 \$150 Reissue Filing fee \$0.00 1004 \$300 2011 \$250 Search Fee \$0.00 1311 \$200 2311 \$100 Examination Fee \$0.00 1005 \$200 2005 \$100 Provisional Filing Fee 1085 \$250 2085 \$125 Provisional Size Fee (for each additional 50 sheets that exceeds 100 sheets) SUBTOTAL (1) \$00.00 2. EXTRA CLAIM FEES/APPLICATION SIZE FEE Extra Fee from Fee Paid Claims Below Total Claims -20** = X = \$ Independent -3** = X = \$ Independent -3** = X = \$ Independent -3** = X = \$ ** or number previously paid, If greater; For Reissues, see below Large Small Entity Entity Fee Fee Fee Description 1202 \$50 2202 \$25 Claims in excess of 20 1201 \$200 2201 \$100 Independent claims in excess of 3 Multiple dependent claim, if not paid. 1204 \$200 2204 \$100 Reissue independent claims in	1251 \$1. 1252 \$4 1253 \$1 1254 \$15 1255 \$21 1401 \$5 1402 \$5 1403 \$1 1452 \$5 1814 \$1 1453 \$15 1460 \$1 1806 \$7 1810 \$7 1811 \$1 1504 \$3 1601 \$7	20 2251 \$60 50 2252 \$225 020 2253 \$510 90 2254 \$795 60 2255 \$1080 00 2401 \$250 000 2402 \$250 000 2402 \$250 10 2814 \$55 90 2453 \$750 30 1460 \$130 80 1806 \$180 90 2809 \$395 90 2810 \$395 00 1811 \$100 100 1504 \$300	Extension for reply w Extension for reply w Extension for reply Extension for reply w Extension for reply w Notice of Appeal Filing a brief in sup	within first month within second more y within third mone within fourth month within fifth month sport of an appeal mearing - unavoidable or unintentional mector promation Disclosu or after final reject () al Invention to be 1.129(b)) ection mearly, voluntary, ion/Republication	nth 510 th The Statement that t
excess of 3 over original patent 1205 \$50 2205 \$25 Reissue claims in excess of 20 over original patent	Other f	ee (specify) S	UBTOTAL (3)		 \$510
Total Claims Fee \$0 APPLICATION SIZE FEE	Reduced	Reduced by Sasic Filing Fee Paid			
1081 \$250 2081 \$125.00 For each additional 50 sheets that exceed 100 sheets, including specification and drawings		SUBTOTAL FROM 1 \$0 SUBTOTAL FROM 2 \$0 SUBTOTAL FROM 3 \$510			\$0
SUBTOTAL (2) \$_0 TOTAL AlMOUNT OF PAYMENT (Include total of Claims Fees and Size Fee here) TOTAL AlMOUNT OF PAYMENT (Enter total amount at top of page)					\$510
SUBMITTED BY	,			Complet	e (if applicable)
Printed Name: Bruce H. Cottrell				Reg. No.	30,620
Signature: Bruch. Cottell	,	Da	te: 4/30/07	Telephone	(505) 667-9168